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FORWARD

Planning for prevention of Human Immunodeficiency Virus (HIV) has been an integral part of programs at the SC Department of Health and Environmental Control (DHEC) STD/HIV Division for more than 24 years. Since the first reported cases of HIV/AIDS in 1985, DHEC has been involved in conducting activities to address the prevention needs of those most at risk of infection.

Starting in January 1994, DHEC organized a statewide HIV prevention community planning group (CPG). In a shared effort with DHEC, the CPG developed a statewide plan to improve prevention efforts by strengthening the scientific basis, community relevance, and population- or risk-based focus of prevention interventions. A new model for integrated community planning that includes both HIV prevention and care was implemented at DHEC in January 2005 after a yearlong community participatory planning process with stakeholders. The mission of the **SC HIV Planning Council (HPC)** is to develop a comprehensive, statewide HIV Prevention and Care Plan for a responsive, effective, and efficient continuum of services for persons living with HIV/AIDS and those at risk for HIV infection. Establishing linkages between clinical care settings and community-based prevention providers is essential to creating a comprehensive prevention-care service environment.

This comprehensive five-year SC HIV Prevention Plan is the result of the efforts of many dedicated individuals who have worked to assess HIV prevention needs and to prioritize populations and identify appropriate interventions. DHEC and the HPC have been fortunate to participate in a process that involves so many individuals concerned about the health and well being of South Carolina's citizens. It is the hope of DHEC and the HPC that local prevention providers and others will find this a useful and relevant document for planning local activities and efforts. We also believe that, through the ongoing collaborative efforts with our state, agency, and community partners, we can make a difference in the future of this epidemic in South Carolina.

Troy A. Bowers
Community Co-chair

Susan L. Fulmer
Health Department Co-chair

September 10, 2009

Updates of the SC HIV Prevention Plan

The 2010-2014 SC HIV Prevention Plan is a living and evolving document, with continual review and updating as is necessary. Chapter 1, the Epidemiologic Profile for HIV/AIDS in South Carolina, is updated annually. With major changes in 2012 in the CDC guidance for HIV Planning, the updating of several chapters is necessary. Chapters 2 and 9 (Community Services Assessment and Recommendations and Goals for Prevention Services, respectively) were revised and submitted with the Interim Progress Report in September 2012. The Engagement Plan has been completed. Additional revisions are underway and will be submitted in December 2012 and as otherwise needed.

Troy A. Bowers
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September 26, 2012

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We gratefully acknowledge the following members of the South Carolina HIV Planning Council during 2008-2009 that contributed their time, expertise and advice to make this plan possible.

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EXECUTIVE SUMMARY

The **2010-2014 Comprehensive HIV Prevention Plan** is the culmination of work completed between 2008 and mid-year 2009, with Epidemiologic Profile updates in 2010-2012 by the South Carolina HIV Planning Council (HPC) in collaboration with the South Carolina Department of Health and Environmental Control (DHEC) STD/HIV Division. The original 2010-2014 Comprehensive Plan, submitted in 2009 to the Centers for Disease Control and Prevention (CDC), was completed in compliance with the 2002-2008 HIV Prevention Community Planning Guidance put forth by the CDC. The 2012 updates are completed in compliance with the CDC's new guidance for HIV planning, release in 2012. While the 2010-2014 Comprehensive Plan cannot fully address or prioritize all HIV prevention needs in South Carolina, the HPC, in collaboration with DHEC, combined science, data and the wisdom of affected communities to identify effective strategies for the populations most in need of prevention services with the goal of reducing the greatest number of new infections.

The **2010-2014 Comprehensive HIV Prevention Plan** includes the following 10 sections:

- ◆ Epidemiologic Profile for HIV/AIDS in South Carolina;
- ◆ Community Services Assessment;
- ◆ Prioritization of Target Populations;
- ◆ Recommended HIV Prevention Interventions;
- ◆ Coordination and Linkages (with affiliated programs/agencies/services in South Carolina);
- ◆ Surveillance and Data Collection Initiatives (completed or underway between 2005 and mid-year 2009);
- ◆ Technical Assistance Needs and Priorities;
- ◆ Evaluation and Monitoring;
- ◆ Recommendations and Goals for Prevention Services; and
- ◆ Appendices to the Plan.

The **2010-2014 Comprehensive HIV Prevention Plan** originally replaced the 2005-2008 Plan released in 2004 (with update for 2009), with some distinct differences in the document:

- ◆ The Community Services Assessment includes a description of needs assessment activities, identification of populations at risk and unmet needs, identification of additional needs, a resource inventory with checklist, and an analysis of gaps;
- ◆ A new model was developed to prioritize populations, which utilized both quantitative and qualitative data;
- ◆ Interventions selected for priority populations now include the Diffusion of Effective Behavioral Interventions (DEBIs), stressing the importance of utilizing evidence-based interventions that have shown to be effective in reducing HIV risk factors; and
- ◆ The prioritization of HIV prevention interventions was no longer required by the CDC's 2002-2008 HIV Prevention Community Planning Guidance.

The 2012 updates to the **2010-2014 Comprehensive HIV Prevention Plan** include a revised Community Services Assessment (Chapter 2) as well as revised Recommendations and Goals (Chapter 9). Other updates (resource checklists and gap analysis and the prioritization of target populations, and the attachments thereto) will be completed by December 2012. The updated Surveillance and Data Collection Initiatives will be completed by early 2013.